

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09804848

FILING DATE

03-15-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		3		3		3
5		1		1		1
6		1		1		1
7		1		1		1
8		1		1		1
9	1		1		1	
10		1		1		1
11		1		1		1
12		1		1		1
13		1		1		1
14		1		1		1
15		1		1		1
16		1		1		1
17		1		1		1
18	1		1		1	
19		1		1		1
20		2		2		2
21		1		1		1
22		1		1		1
23		1		1		1
24		1		1		1
25	1		1		1	
26		1		1		1
27		1		1		1
28		1		1		1
29		1		1		1
30		1		1		1
31		1		1		1
32		1		1		1
33		1		1		1
34		1		1		1
35						
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49						
50						
TOTAL IND.	4		4		3	
TOTAL DEP.	32		22		34	
TOTAL CLAIMS	36		26		37	

	* 3		* C	
	IND.	DEP.	IND.	DEP.
51	1		1	
52				
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98				
99				
100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS